MISSOURI

DIVISION OF MEDICAL SERVICES

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Comprehensive Day Rehabilitation Bulletin

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

2003 CPT AND HCPCS UPDATE

Effective July 1, 2003, Missouri Medicaid will begin accepting the 2003 versions of the *Current Procedural Terminology* (CPT) and the *Health Care Procedure Coding System* (HCPCS). The 2003 procedure codes have an effective date of July 1, 2003.

Providers may begin billing the 2003 CPT and HCPCS procedure codes with appropriate modifier(s) for dates of service on or after July 1, 2003. A transition period will be given to allow time to make necessary changes. Providers may bill the old procedure codes through September 30, 2003. Claims for dates of service on or after October 1, 2003 must be submitted using the new 2003 CPT or HCPCS procedure codes and modifiers. Claims submitted on and after October 1, 2003, for dates of service prior to July 1, 2003, must be submitted using the old procedure codes.

Claims for both the old and new procedure codes must not be submitted for the same date of service for the same recipient during the transition period.

Changes, which occurred as a result of the update, include additions, deletions, and replacement of procedure codes including elimination of state specific Level III procedure codes and modifiers.

Copies of the 2003 versions of the *Current Procedural Terminology* (CPT) and the *Health Care Procedure Coding System* (HCPCS) may be purchased from your local medical bookstore.

PRIOR AUTHORIZATION OF SERVICES

- All requests for prior authorization of services prior to July 1, 2003, must be submitted with the current state specific Level III procedure codes.
- All requests for prior authorization of services with dates of service on or after July 1, 2003, must be submitted with the replacement procedure codes.

BILLING OF SERVICES

- Services which are prior authorized prior to July 1, 2003, for dates of service prior to October 1, 2003, must be billed with the procedure codes shown on the approved prior authorization.
- Services which are prior authorized prior to July 1, 2003, for dates of service on or after October 1, 2003, must be billed with the replacement procedure code.

REPLACEMENT PROCEDURE CODES

The following chart lists the service description, the current state specific Level III procedure code being deleted, and the replacement HCPCS procedure code.

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DESCRIPTION	DELETED CODE	REPLACEMENT CODE
Half-day evaluation/assessment	W1363	H2000
Full-day evaluation/assessment	W1364	H200021
Half-day rehabilitation services	W1365	H2001
Full-day rehabilitation	W1366	H200122

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